

FROM : INTEL CORP

FAX NO. : 408 765 7723

Sep. 15 2005 01:27PM P1

Intel Corporation
2200 Mission College Blvd.
Santa Clara, CA 95052

Intel Legal Team

RECEIVED
CENTRAL FAX CENTER
SEP 15 2005

Fax

Page 1 of 12

Date: September 15, 2005

To: Jonathan Johnson Fax: 571-273-8300 Phone: 571-272-1177
United States Patent and Trademark Office

From: Michael D. Plimier Fax: 408-765-4087 Phone: 408-765-7857

Subject: Amendment and Response for Application Serial No. 10/717,348

A CONFIRMATION COPY OF THIS DOCUMENT:

WILL NOT BE SENT

Application No.: 10/717,348
Filing Date: November 18, 2003
First Named Inventor: J.S. Lewis et al.
Group Art Unit: 1725
Examiner Name: Johnson, Jonathan J.
Attorney Docket No.: P17609

Enclosures:

1. Transmittal Form (1 page)
2. Fee Transmittal for FY 2005 (1 page in duplicate)
3. Amendment and Response (8 pages).

Important Notice

This information is intended to be for the use of the individual or entity named on this transmittal sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify the sender by telephone immediately so that arrangements can be made for the retrieval of the original document at no cost to you.

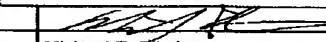
PTO/SB/14 (09-04)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Approved for use through 07/31/2006. OMB 0621-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE	
		(To be used for all correspondence after Intel Ring)	
		Total Number of Pages in This Submission 11	
		Application Number 10/717,348	
		Filing Date November 10, 2003	
		First Named Inventor J.S. Lewis et al.	
		Art Unit 1725	
		Examiner Name Johnson, Jonathan J.	
		Attorney Docket Number P17600	

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CO(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Prior, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Corporation		
Signature			
Printed name	Michael D. Plimier		
Date	September 15, 2005 Reg. No. 43,004		

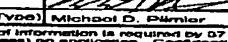
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature 		Date September 15, 2005	
Typed or printed name Michael D. Plimier		Data September 15, 2005	

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you believe this form requires, or suggestions for reducing this burden, may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.																																	
Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).																																	
FEE TRANSMITTAL For FY 2005																																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) (S) 0.00																																	
METHOD OF PAYMENT (check all that apply)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments																																	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.																																	
FEE CALCULATION																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">APPLICATION TYPE</th> <th style="text-align: center;">FILING FEES</th> <th style="text-align: center;">SEARCH FEES</th> <th style="text-align: center;">EXAMINATION FEES</th> </tr> <tr> <th></th> <th style="text-align: center;">SINGLE ENTITY</th> <th style="text-align: center;">SINGLE ENTITY</th> <th style="text-align: center;">SINGLE ENTITY</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">Fee (\$1) 300</td> <td style="text-align: center;">Fee (\$1) 500</td> <td style="text-align: center;">Fee (\$1) 200</td> </tr> <tr> <td>Design</td> <td style="text-align: center;">Fee (\$1) 200</td> <td style="text-align: center;">Fee (\$1) 100</td> <td style="text-align: center;">Fee (\$1) 130</td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">Fee (\$1) 200</td> <td style="text-align: center;">Fee (\$1) 300</td> <td style="text-align: center;">Fee (\$1) 160</td> </tr> <tr> <td>Reissue</td> <td style="text-align: center;">Fee (\$1) 300</td> <td style="text-align: center;">Fee (\$1) 500</td> <td style="text-align: center;">Fee (\$1) 600</td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">Fee (\$1) 200</td> <td style="text-align: center;">Fee (\$1) 100</td> <td style="text-align: center;">Fee (\$1) 300</td> </tr> <tr> <td></td> <td style="text-align: center;">Fee (\$1) 0</td> <td style="text-align: center;">Fee (\$1) 0</td> <td style="text-align: center;">Fee (\$1) 0</td> </tr> </tbody> </table>		APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES		SINGLE ENTITY	SINGLE ENTITY	SINGLE ENTITY	Utility	Fee (\$1) 300	Fee (\$1) 500	Fee (\$1) 200	Design	Fee (\$1) 200	Fee (\$1) 100	Fee (\$1) 130	Plant	Fee (\$1) 200	Fee (\$1) 300	Fee (\$1) 160	Reissue	Fee (\$1) 300	Fee (\$1) 500	Fee (\$1) 600	Provisional	Fee (\$1) 200	Fee (\$1) 100	Fee (\$1) 300		Fee (\$1) 0	Fee (\$1) 0	Fee (\$1) 0
APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES																														
	SINGLE ENTITY	SINGLE ENTITY	SINGLE ENTITY																														
Utility	Fee (\$1) 300	Fee (\$1) 500	Fee (\$1) 200																														
Design	Fee (\$1) 200	Fee (\$1) 100	Fee (\$1) 130																														
Plant	Fee (\$1) 200	Fee (\$1) 300	Fee (\$1) 160																														
Reissue	Fee (\$1) 300	Fee (\$1) 500	Fee (\$1) 600																														
Provisional	Fee (\$1) 200	Fee (\$1) 100	Fee (\$1) 300																														
	Fee (\$1) 0	Fee (\$1) 0	Fee (\$1) 0																														
2. EXCESS CLAIM FEES <i>For Description</i> Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$1) Fee Paid (\$1) <i>For Description</i> Total = 20 or HP = 5 Fee (\$1) Fee Paid (\$1) HP = highest number of total claims paid for, if greater than 20, Index. claims = 0 Fee (\$1) Fee Paid (\$1) <i>For Description</i> Total = 3 or HP = 0 Fee (\$1) Fee Paid (\$1) HP = highest number of independent claims paid for, if greater than 0.																																	
3. APPLICATION SIZE FEE <i>For Description</i> If the drawings and tables exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 37 U.S.C. 414(d)(2) and 37 CFR 1.52(f). Total Sheets Extra Sheets Number of each additional 50 protection sheets Fee (\$1) Fee Paid (\$1) - 100 = / 60 = (round up to a whole number) x _____ = _____ = Fee (\$1) Fee Paid (\$1) <i>For Description</i> Non-English Specification, \$130 fee (no small entity discount)																																	
4. OTHER FEE(S) <i>For Description</i> Other (e.g., late filing surcharge): _____																																	

SUBMITTED BY	
Signature 	Registration No. (Attorney/Agent) 43,004
Name (Print/Type) Michael D. Plimier	Telephone 408-765-7657
Date September 15, 2005	

This collection of information is required by 37 CFR 1.106. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you believe this form requires, or suggestions for reducing this burden, may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

FROM : INTEL CORP

RECEIVED
CENTRAL FAX CENTER SEPTEMBER 15 2005 01:28PM P3

SEP 15 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are imposed to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/01/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete If Known

Application Number	10/717,348
Filing Date	November 18, 2003
First Named Inventor	J.S. Lewis et al.
Examiner Name	Johnson, Jonathan J.
Art Unit	1725
Attorney Docket No.	P17609

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account. Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

- Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 20 or HP =	x	= 0			
HP = highest number of total claims paid for, if greater than 20.				200	100	

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	= 0		
HP = highest number of independent claims paid for, if greater than 3.				360	180

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	0	0

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fee Paid (\$)

0

Fee Paid (\$)

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 43,004	408-765-7857
Name (Print/Type)		Date	
	Michael D. Pilmar		September 15, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0.00**Complete If Known**

Application Number	10/717,348
Filing Date	November 18, 2003
First Named Inventor	J.S. Lewis et al.
Examiner Name	Johnson, Jonathan J.
Art Unit	1725
Attorney Docket No.	P17609

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-0221** Deposit Account Name: **Intel Corporation**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=	0	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
- 3 or HP =	x	=	0		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Plimler		Date September 15, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

SEP 15 2005

Attorney's Docket No.: P17609

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
J.S. Lewis et al.)
U.S. Serial No: 10/717,348) Examiner: Johnson, Jonathan J.
Filed: November 18, 2003) Art Unit: 1725
For: **VIA HEAT SINK MATERIAL**)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This is in response to the Office Action mailed June 21, 2005. Applicant respectfully requests the Examiner to enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper. Remarks/Arguments begin on page 6 of this paper.